

CONFIDENTIAL



Parents and Carers Alliance

If you would like to register with PACA, please complete the following details and return by post to PACA MK c/o Carers MK, Margaret Powell House, 439 Midsummer Boulevard, Milton Keynes, MK9 3BN **Or** by email pacamk@gmail.com

PART 1:

Mr/Mrs/Miss/other_____

Name_____ (Please print) Signature_____

Address_____

Telephone/mobile no_____

Email_____

Please tick as appropriate ✓

1. Would you like to receive our newsletter and information by: Post Email
2. Would you like to receive minutes of PACA Steering Group meetings? Yes No
3. To enable us to send you relevant information, please tell us if there are any specific topics that have an impact on your son/daughter?
4. Are you interested in being more involved with PACA? Would you like someone to contact you to provide more information?
Yes No

If yes, please tell us the best time to call you_____

5. How did you hear about PACA?

PART 2:

We would be grateful if you could also complete the following information. This information helps us to tailor our services more appropriately to your specific needs, and ensures that we are reaching a broad spectrum of children, young people and families’ needs.

This information is entirely optional and will be used anonymously for statistical and grant monitoring purposes only. PACA will not pass on any personal information to a third party without your consent.

Ethnicity Please tick as appropriate ✓

White British		White Irish		White Other	
Mixed W & Black Caribbean		Mixed W & Black African		Mixed W & Asian	
Mixed Other					
Black/BB Caribbean		Black/BB African		Black Other	
Asian/AB Indian		Asian/AB Pakistani			
Any other ethnic group		Not stated			

1. About your child:

Date of birth _____ Diagnosis (if applicable) _____

Other needs _____

Name of school _____

Type of School (e.g. Special School, secondary, college etc.) _____

2. About you:

Relationship to child e.g. parent, foster parent _____

Are you a lone parent? Yes No

Are you a working parent? Yes No

Are you a member of another local group that supports children with disabilities or additional needs? Yes No I’d rather not say

Would you be happy to let the group know about PACA / pass on our leaflets?
Yes No

If yes, please tell us the name of the group